

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							<small>ORIGINAL NO.</small> <div>10/541842</div>		<small>FILED DATE</small> 				
							<small>ATTORNEY</small> 						
CLAIMS													
	AS FILED		AFTER <small>1st AMENDMENT</small>		AFTER <small>2nd AMENDMENT</small>			AS FILED		AFTER <small>1st AMENDMENT</small>		AFTER <small>2nd AMENDMENT</small>	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		2	↓	1		TOTAL IND.		↓			↓
TOTAL DEP.		←		←		14		TOTAL DEP.		←		←	
TOTAL CLAIMS						15		TOTAL CLAIMS					